



Message: New Contract Invoicing and Reporting Info

✉ New Contract Invoicing and Reporting Info

From Kraft, Emily **Date** Friday, January 27, 2017 9:40 AM
To 'Carrie Hoelscher'
Cc

 **AFLM Invoice Template.xlsx** (15 Kb HTML)  **Quarterly Expenditure Report.xlsx** (20 Kb HTML)

Hi Carrie,

Congratulations on the award of your new Alternatives to Abortion contract!

I wanted to take this opportunity to go over how the new invoicing process works, as you will no longer have the ability to generate invoices with the new Alternatives to Abortion system.

There are two forms attached to this email: the Monthly Invoice Template and the Quarterly Expenditure Form.

Monthly Invoice Form

The Monthly Invoice Form must be completed **at the beginning of each month** for that month (i.e. you will submit the February 2017 invoice at the beginning of February). Your award amount for the remainder of FY17 and the monthly award amount have been populated for you. The only fields you are able to modify on this form are the invoice number, date, service period, prior invoiced total, and quarterly expenditure adjustment. All the remaining fields are password protected and are only to be changed by me. February should be pretty simple, but if you have any questions on how this needs to be filled out, please let me know.

Quarterly Expenditure Report (QER)

The QER must be filled out at the end of each quarter (quarter ending dates are March 31, June 30, September 30, and December 31). If the QER shows that your expenditures are less than the amount paid to you for that quarter, you will enter the difference in the "Quarterly Expenditure Adjustment" field of that month's invoice (this will be a negative number, so please double check that it is). If you claim more expenditures for reimbursement than was paid to you for that quarter, you will again put the difference in the "Quarterly Expenditure Adjustment" field on the invoice (this time, it will be a positive number and will add to your "total due" field).

For example, for the months of July through September, you were paid \$75,000 total, but you only had \$67,000 in expenditures as reported on your QER. On the October invoice, you would enter - \$8,000 for the quarterly expenditure adjustment, and the total payment for that month would show \$17,000.

If you have questions as to how the Quarterly Expenditure Report needs to be filled out, **please direct those questions to Joy Benne at (573) 751-7027**. I would recommend familiarizing yourself with this form and getting your questions answered sooner rather than later.

Case File Review Reports

Section 2.4.3 requires that case file review reports be submitted on February 15, June 15, and October 15. As the contract is starting so close to February 15, I am not requiring you to submit a case file review report for this date. **Your first report will be due June 15.** Case file review reports can be as simple as an email or Word document describing which client files were reviewed, which case manager serves that client, any deficiencies that were found, and how you plan to correct any deficiencies that were found. Please also make it clear which month the file was reviewed and which subcontractor the case manager is from. For example:

February Case File Reviews

Client: Jessica Smith

Case manager: Tina Jacobs

Subcontractor: ABC Subcontractor

Date reviewed: 2/10/17

Case file deficiencies: Client delivered on 12/14/16, but the client's birthing outcome has not yet been entered. All other records required by 2.4.1 are present in the case file.

Corrective action: Case manager has been notified of the deficiency and will be entering this data. A follow-up check will be completed by 2/28/17 to ensure the data is entered.

Client: Andrea Thompson

Case manager: Jerri Jones

Subcontractor: 123 Subcontractor

Date reviewed: 2/11/17

Case file deficiencies: None. All records required by 2.4.1 are present in the case file.

Corrective action: N/A

March Case File Reviews

Client: Jennifer Lee

Case manager: Cheryl Loeb

Subcontractor: ABC Subcontractor

Date reviewed: 3/5/17

Case file deficiencies: Records indicate client received rental assistance for November 2016, but no receipt is present. All other records required by 2.4.1 are present in the case file.

Corrective action: Case manager has been notified of the deficiency and has requested a copy of the rent check from Accounting. A follow-up check will be completed by 3/31/17 to ensure the copy is entered into the case file.

Again, if you have any questions, please let me know.

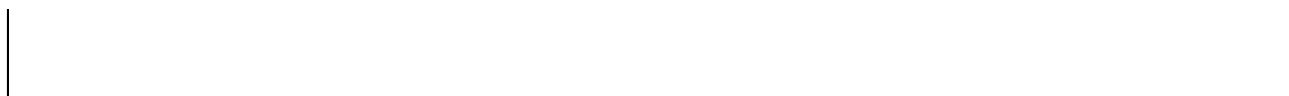
Emily Kraft

Alternatives to Abortion Program Manager

Truman Building, Room 430

Jefferson City, MO 65102

Phone: (573) 522-0003



Invoice

| | A | B | C | D | E | F | G | H | I | J | K | L | M |
|----|---------------|------------------------|---|---|---------------------|---|----------|------------------------------|---|---|---|---|---|
| | | | | | <u>Alternatives</u> | | | | | | | | |
| | | | | | <u>to Abortion</u> | | | | | | | | |
| 1 | | | | | <u>Invoice</u> | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | Contract # | CS170042001 | | | | | Vendor | Alliance for Life - Missouri | | | | | |
| | | | | | | | Name: | Inc | | | | | |
| 4 | Vendor | 46048968600/MB00092773 | | | | | Vendor | P.O. Box 65 | | | | | |
| | Number: | | | | | | Address: | Greenwood, MO | | | | | |
| 5 | | | | | | | | 64034 | | | | | |
| 6 | | | | | | | | | | | | | |
| | Bill To: | Office | | | | | | | | | | | |
| 7 | | of | | | | | | | | | | | |
| | | Administration | | | | | | | | | | | |
| 8 | | Commissioner's | | | | | | | | | | | |
| | | Office | | | | | | | | | | | |
| | | 201 | | | | | | | | | | | |
| | | W. | | | | | | | | | | | |
| | | Capitol | | | | | | | | | | | |
| | | Ave, | | | | | | | | | | | |
| 9 | | Room | | | | | | | | | | | |
| | | 125 | | | | | | | | | | | |
| | | Jefferson | | | | | | | | | | | |
| | | City, | | | | | | | | | | | |
| | | MO | | | | | | | | | | | |
| 10 | | 65101 | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| | Invoice | | | | | | | | | | | | |
| 12 | Number: | | | | | | | | | | | | |
| 13 | Invoice Date: | | | | | | | | | | | | |
| | Service | | | | | | | | | | | | |
| 14 | Period: | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| | Total | | | | | | | | | | | | |
| | Contracted | | | | | | | | | | | | |
| 17 | Allocation | | | | | | Prior | Monthly | | | | | |
| | | | | | | | Invoiced | Award | | | | | |
| 18 | | | | | | | Total | Amount | | | | | |

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21 adjustment:

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| | |
|---------------------|------------|
| 25 Remaining | 388,878.80 |
|---------------------|------------|

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30 Signature: _____

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Exenditure

| | A | B | C | D | E | F | G | H |
|-----------|---|----------------|------|---|---|---|---|---|
| | <i>Missouri Office of Administration</i> | | | | | | | |
| | <i>FFY17 A2A Quarterly</i> | | | | | | | |
| 1 | <i>Expenditure Report</i> | | | | | | | |
| 2 | Agency: [Insert | Contract | | | | | | |
| 3 | Agency Name] | Number: | | | | | | |
| 4 | <i>Program Year July 1, 2016 - September 30, 2017</i> | | | | | | | |
| 5 | Revenue | Federal (TANF) | | | | | | |
| 6 | Revenue Request | \$ - | | | | | | |
| 7 | Indirect Administrative Costs Calculations | (Rate x Base) | | | | | | |
| | Option 1: Federally Negotiated Indirect Cost Rate (FNICR) | | | | | | | |
| 9 | Application Base: | \$ - | \$ - | | | | | |
| 10 | Federally Negotiated Indirect Cost Rate (FNICR): % | 0.00% | | | | | | |
| 11 | Total Indirect Administrative Costs | \$ - | | | | | | |
| 12 | OR | | | | | | | |
| 13 | Option 2: 10% De Minimus (use if no FNICR) | | | | | | | |
| 14 | Application Base: | \$ - | \$ - | | | | | |
| 15 | Modified Total Direct Administrative Cost | 10% | | | | | | |
| 16 | Total Indirect Administrative Costs | \$ - | | | | | | |
| 17 | Direct | Federal | | | | | | |

| Administrative | | (TANF) |
|-----------------------|------------------------------|---------------|
| 18 | Costs | |
| | Program Salaries and | |
| 19 | Wages | \$ - |
| 20 | Employee Benefits | \$ - |
| 21 | Employee Travel | \$ - |
| 22 | Employee Training | \$ - |
| 23 | Office Rent/Space | \$ - |
| 24 | Office Utilities | \$ - |
| 25 | Facility Insurance | \$ - |
| | Office Supplies (under | |
| 26 | \$5,000) | \$ - |
| | Equipment (Capitol | |
| | Equipment over | \$ - |
| 27 | \$5,000 threshold) | |
| | Office | |
| 28 | Communications | \$ - |
| | Office Repairs and | |
| 29 | Maintenance | \$ - |
| 30 | Contract/Consulting | \$ - |
| 31 | Other (list): | \$ - |
| | (add other categories | |
| 32 | as needed) | \$ - |
| | Total Direct | |
| 33 | Administrative Cost | \$ - |
| 34 | Less: | |
| | Equipment (Capital | |
| | Equipment over the | 0 |
| 35 | \$5,000 threshold) | |
| | Contracting/Consulting | |
| | (amount of each | 0 |
| | contract service over | |
| 36 | \$25,000) | |
| | Other based on | |
| 37 | definition | 0 |
| | Modified Total Direct | |
| 38 | Administrative Cost | \$ - |
| 39 | Participant Services | Federal |
| | | (TANF) |
| 40 | Transportation | \$ - |
| 41 | Job Training | \$ - |
| 42 | Tuition Assistance | \$ - |
| | Contracted Residential | |
| 43 | Care | \$ - |
| 44 | Utility Assistance | \$ - |
| 45 | Emergency Shelter | \$ - |

46 Housing Assistance \$ -
47 (add others as needed) \$ - \$ -
48 Total Participant Costs \$ -

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*I hereby certify that the budget is
taken from the original Books of
Account and that budget amounts are
valid and consistent with the terms of
the contract.*

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Signature of _____ Date _____
Authorized
Representative of

52 [Insert Agency Name]

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